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Access and trust through information communication technologies in Bangladesh?

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This paper explores trust and access in relation to health seeking through ICTs in Bangladesh. ICT-mediated interventions offer tremendous promise to the formal health and they are believed to create significant opportunities women to develop new opportunities (Tandon, 2006). Yet research has shown that the health system in Bangladesh does not offer equal coverage for all people (Rashid, et.al., 2011). As such, there is a strong reliance on informal providers who treat poor men and women. In addition, in recent years, there has been considerable expansion of private initiatives which offer treatment at considerable personal cost.

This paper builds on considerable qualitative research into sexual and reproductive health, which undertook interviews with rural and urban providers and their clients in 2008 and 2009, as well as new scoping material on health-information seeking through ICTs in Chakuria, Mizapur and Dhaka.

The paper explores how technology mediates issues of trust and access. The widespread availability of electronic resources and the optimism associated with ICTs obscure differences in exposure and access (Katz, et.al., 2005), shaped through socio-economic status, identity, language, age and so forth.

Exploring access and trust in relation to ICTs, and acknowledging the 'digital divide' in relation to health information and care raises questions about who accesses ICTs, how is information relayed, what conditions shape access, how is trust constructed between patient and provider, quality of treatment, who has information, and how is trust mediated? The paper examines how trust and access are being re-negotiated in Bangladesh through new technologies, in relation to a health system which operates through a mesh of formal and informal providers. It explores ownership of technology within households and asks whether mobile phones are able to provide autonomy for women.

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